DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PHYSICI haspit	iis certif tached Dept. of	
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ATTEN	ECTOR: 5 shauld with the	8
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after deather.	1
HOSPI	FUNER irectar, hauld b	
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00000	CERT	IFICATE OF DEATH		0063	()
1. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	v	2b. HOUR
(Type or print) Fan	nie Wright	Boken	Month Day	1963	12130 PH
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years		UNDER 24 HRS.
female	White	Haril 12, 18;	9/ last birthdoy) YRS.	מוחטות	TOURS MIN
7o. BIRTHPLACE (State or fareign country)	7b. CITIZEN OF WHAT COUNTRY? B. MAF	RRIED NEVER MARRIED 9.	COUNTY OF DEATH		3742101
Makuland	01.011.	OWED DIVORCED D	Cancit		Md.
10. CITY OR JOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTIO	ON (If not in haspital 12a. USUAL	OCCUPATION (Kind of work done tof working life, even if retired.)	12b. KIND OF BU	ISINESS OR
Hading Thunce The	eserce (ruro	2/)	12/800	400	ne-
13o. USUAL RESIDENCE (Where decease odmission) STATE	d lived, if institution: Residence before 13c. (ITY OR TOWN 13d. INSIDE CITY LIMIT			
ma.	(aloes! Min	Co Pero sick PES NO			
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME Firs	t Middle	m	Lost
160. WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY NO.	17. INEDRMANT	Address	Monne	7/
Yes, no, or unknown) (If yes give we	or or dates of service)	B. C. Berry	Address	ade al	med
No cause of pearly /5	220-14-8841	TEARY G. SONOT	S. TOWNE T	APPROXIMAT	E INTERVAL
PART I. DEATH WAS CAUSED		/ -0.	0	BETWEEN ONSE	T AND DEATH
78211 IMMEDIA	TE CAUSE (a)	1 failer			
Canditians, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	U		18 (2)	
rise to immediate cause (o),	(b) DUE TO, OR AS A CONSEQUENCE OF				
stating the underlying couse	(c)				
PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE ORCOM	NDITION GIVEN IN PART 1(a)		
78)4					
19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PERFORME	D 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERT	TIFYING
STIFFIC		YES NO	CAUSES OF DEATH?		
		21c. HOW INJURY OCCURRED (Enter n	oture of injury in Part 1 or Part 2, I	tem 18.)	
OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19				
ZIG. INJUKT OCCURRED ZIE. I	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. Na.	City or Town	County	State
at work at work	/			-7/20	196
22a. I certify that (I) (this	s haspital) attended the deceased fra	m 196	2, ta // / 19_	68, that (1) (we) last
saw the deceased al	(I) (we) (did) (did nat) view the bady of	and that in (my) (aur) apini	an death occurred an the da	te and haur an	id fram the
22b. SIGNATURE (V	(,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22c. (DATE SIGNED /	
LITE U. O.O.	· · · · · ·	DEGREE PHYS. MED	ECTOR PHYS.	1/15/68	
22d. PHYSICIAN	711	22e. ADDRESS	4. 100/	1	
NAME (Type)	, WEEM, T	1.12 Huntingi	own Illd.		
23a. BURIAL, CREMATION 23b. D	ATE 23c. NAME OF CEMELE	RY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(Stote)
REMOVAL (Specify)	ely 1/1/68 Central	conclosey	laceston (d	loes T	Ma.
24. FUNERAL DIRECTOR	ADDRESS)	All 250. REC'D BY	16 1968 REGISTRAR'S	SIGNATURE	ar.
U.U. I WERRE	MI TONGIO OF MEDICA	DATE JAN	TO 1000	1 6	7

VR A15 (4) 30M REV, 1/68

	00631	DIAI2	ION OF VITAL REC		IFICATE OF		IURE, MAKT	LAND 21201	0	063	1
	vpe ar print)	First Ienry	Midd Wil	lle liam	Lost Burkm	an	2a. DATE OF D	44 .4	Doy 10	Year 1968	2b. HOUR 8:30 p
3. SE	male	4. RA	white		S. DATE OF	6-92	6	5. AGE (In years last birthday)	IF UNDE MDNTHS	R 1 YEAR	IF UNDER 24 HRS. HDURS MIN.
	BIRTHPLACE (State or foreign ntry)		TEN OF WHAT COUNTRYS $S.A.$	MAKI	RIED NEVER MA	RRIED 9.	Calve	eath rt Cou	nty		M
Pi	ity or town of DEATH cince Frede		dive street oddress)	Count	y Hospi	ta T I I I	OCCUPATION (I Lof working lif L'armer	Kind of work dan e, even if retired	ne 12b. I.) IND	KIND OF B USTRY	USINESS OR
13a. admi	usual RESIDENCE (Where de ission) ISTATE Pryland	ceosed lived, 13b.	if institution: Residence County Calvert	before planii Repi	y or town ublic	YES NO		ET AND NUMBER			
14. [FATHER'S NAME First		Middle	Last	IS. MOTHER'S A	MAIDEN NAME First		Middle			Last
	Will			rkman	1	Ber	rtha				Rex
	was deceased ever in u.s. es, no, or unknown) (if yes	ARMED FORC	f comittee)	0-5117	17. INFORMANT	oy Burk		Port			34.3
	Conditians, if any, which go rise to immediate couse (stating the <u>underlying cou</u> last.	ove) DUI	(b) CON AS A CONSEQUENT (C) CONSEQUENT (C)	TENCE OF	neg 1 B	solvite ladde	5.,				
	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEAT	H BUI NOI RELA	TED TO THE TERMIN	AL DISEASE OR COM	NDITION GIVEN	IN PART 1(0)			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	D 20o. AUT			ES, WERE FINDING OF DEATH?	S CONSIDER	ED IN CER	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDER or contributing cause of (If either, natify medical ex	r DEATH H	b. TIME OF INJURY DUR A.M. Month Do P.M.	Y Yeor	Tc. HOW INJURY O	CCURRED (Enter n	nature of injury	in Port 1 or Part	2, Item 18.)	
W	at wark at wark		INJURY (AT HOME, FARM, OFFICE BUILDING	WI CHI	PIF. LOCATION Str		,	r Town	Coun	4	State
	22a. I certify that (I) saw the decease causes stated ab	d alive on	ital) attended the Jan 10 re)(djd)(did not) vi	1968	, and that in (r	my) (our) opini	o C, ta J an death oc	an. 10, curred on the	19 <u>68</u> date and	, thot (d hour a	(I) (we) la: nd from th
	22b. SIGNATURE	Ile	aneo	1	DEGREE PHYS.	ING MED MED	O. ECTOR		2c. DATE SIC 1-11		
	22d. PHYSICIAN'S NAME (Type) Rob	erto	de VIIIa	rreal.	M . D . 22e. AD	St. Lec	onard.	Marvl	and	E.	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers. Pages I and such the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death Poge 4 may be retoined by the hospital or ottending physician. VR A15.047 30M REV. 1/68

23o. BURIAL, CREMATION REMOVAL (Specify)

236. DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

23c. NAME OF

(County) Ele.

250. REC'D BY REGISTRAR DATE JAN 15

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FOR STATE	(106%2						ERTIFICA							006	32	
HEALTH DEPT.		ASED-NAME	First	(Bal	inda)	Middle		Lo	ast				KNOWN	Month	Day	Year	2b. HOUR
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delay and 3 M3. Pag tment	3. SEX	4	I. RACE	S. DATE O	F BIRTH		GE (In years st_birthday)	MONTHS I	YEAR DAYS	HOURS 2	4 HRS MIN.	2c. DATE Month	PRONOUNCE	D DEAD Day	Yea		2d. HOUR
ny delay is 1, 2, and 3 ta im PM3. Page	-	ale	white				87 YR					Jan		8	red	1968	1145
m m Dep	7a. BIRT	HPLACE (State		7b. CITIZEN OI	WHAT COUN	NTRY?		ARRIED NEV		_	9. COU	NTY OF DE		~			
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Give Pages and with far the State th.			rederi	alr 6	ve street od	dress)		Hosp	,	during	most of	working l	ife, even if Vife	retired.)	INDUSTR		NE22 OK
after 8. Give along with the leath.			(Where decease							INSIDE CITY L	IMITS?	13e. STREE	T AND NUM	ABER			
old dea		Ssion) STATE		13b. COUN	ma d	vert	N.	Beach		YES 💌 N	0 🗆						
haurs Item 1 Office 1 and 2 after d		ER'S NAME	First	M	iddle	Lost		15. MOTHER	'S MAIDI	EN NAME	First		Mi	ddle		Last	
S S S			Noah			Yat	es	Lydi	a			(ur	know				
- 0 -		DECEASED EVER	R IN U.S. ARMED	FORCES? war or dates of sen		CIAL SECURITY	NO.	17. INFORMAN					ADDRE	28 I	rela	nd P	lace
with per xar xar xar 72			, , , , ,					Mrs.	Ber	tha	I. (Charl	les,	Amit		Le, N	
be executed "pending" in iief Medical E insit permit. F event within	18	B. CAUSE OF E	DEATH (Enter on ATH WAS CAUSE	n RV.						Y S		due				WEEN ONSET	
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ward ' the Chi			ite cause (a), (erlying couse ((b).	OR AS A CO	ONSEQUENCE C)F	r of h	hou	rs b	elo	re ar	id wa	SILE	0		
	las		errying coose	(0)					aı	most	TIT	ozen					
s certificate s, writing the farwarded to used as a bu smaxel, and is	PAF	RT 2. OTHER SI	GNIFICANT COND	ITIONS CONTR	BUTING TO D	DEATH BUT NO	T RELATED	TO THE TERM	INAL DIS	EASE OR C	ONDITIO	N GIVEN IN	PART 1(a)				
certificate writing th rwarded t ssed as a	NO	904.	0								. 63			8, 6			
is certific te, writin farward e used a remaval,	ISA 196	o. DATE OF OP	ERATION			INDITION FOR AS PERFORMED		PERATION							20.	AUTOPSY'	
his be	CERTIFICATION 1861	o. EXTERNAL CA	THE WAS	216 TIM	E OE INITIDY A	Manth, Day, Ye		21c. HOW INJU	IBV OCC	IDDED (Ca)			:- D. A.1.	- D4 0 I	10)	YES	NO 🗌
E - P ' /		RIMARY	CONTRIBUTING [JR A.M.	2-1- 19		ZIC. HOW INJU	JKT OCC	טאאנט (נווו	rer narur	e ar injury	IN PORT I	or Port Z, I	rem 18.)		
INER: e certifi shauld files. 3 should intion, c		AUSE OF DEATH J. INJURY OCCU	JRRED 21e.	PLACE OF INJU	7 17111			21f. LOCATION	Street or	R.F.D. No.		City	or Town	-	County	,	State
EXAMINER: ute the certiage 4 shauld r your files. Page 3 shou		WHILE NOT AT	WHILE TO	ctary, office be		ome					No		Beacl	n Ca	lvei		ld.
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necessary, parties funeral 5 may be rato FUNERAL Health prior		JRIAL, CREMATION	Hugh 1	DATE DATE			COMPTON	Y OR CREMATO				wn, or cour		wing		-	
5 1 1 1 1	RE	MOVAL (Specify	1								1		(City or To		(County)	,	ate)
	24. FUN	YERAL DIRECTO	V _	Hell .	1908	ADDI	RESS HI	11 Nat	C , 1	Cem. 2So. REC'D	BY REG	GISTRAR	25b. RI	GISJRAR'S	SIGNATUR	ew Y	ork
VR A15ME (5) 10M REV, 1/68	At,	Title	sis tu	neral	Hon	el Owi	ngs.	Maryl					68	Clia	res	Jung	
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	and the second					
HENDERSON 및 1.1.						
	NAME OF TAXABLE PARTY.				9 D. L. L. L. L. C. D.	
			HALIOMENT FIRE			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00633 CERTIFICATE OF DEATH death DECEASED-NAME Middle Lost 2g. DATE OF DEATH ottending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and on, or removol, and in ony event, within 72 hours after death (Type or print) Chase 5 DATE OF BIRTH 4 RACE 3 SEX 6. AGE (In years lost birthdov) 12-23-67 Female Negro 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Maryland DIVORCED Calvert U.S.A. WIDOWED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done give street address)
Calvert County Hospital during mast of working life, even if retired.) Prince Frederick 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Calvert admission) SIATE Mary Land YES NO 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Wilson Marie Chase Rose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) Yes, no. or unknown) Mrs. Rose Marie Chase. Sunderland. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) signed by the burial-tronsit p rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV€N IN PART 1(a) ottending | O FUNERAL DIRECTOR: After this certificate hos been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? of Heolth p YES 🗀 NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 12-23-67, 19, ta 1-13-68, 19, that (I) (we) last saw the deceased alive an 17-13, and that in (my) (aur) apinian death accurred an the date and haur and from the

director, page 3 should be detached should be filed with the State Dept. of VR A15 (4) 30M REV. 1/68

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

be retained by the hospital or

24 hours ofter death.

requires that the deoth certificate be executed within

23a. BURIAL CREMATION NAME OF CEMETERY, OR CREMATORY REMOVAL (Specify) 24. FUNERAL DIRECTOR

Osman Z. Ersoy, M.D.

causes stated abaye, (1) (we) (did) (did nat) view the bady after death.

Prince Frederick, Maryland 23d. LOCATION (City or Town)

STAFF PHYS.

MED. DIRECTOR

X

ATTENDING

PHYS 22e. ADDRESS

DEGREE

(County)

County

22c. DATE SIGNED

1-13-68

00633

Year

OAYS

12b. KIND OF BUSINESS OR

Jackson

IF LINDER 1 YEAR

INDUSTRY

MONTHS

2b. HOUR

HOURS

Lost

APPROXIMATE INTERVAL

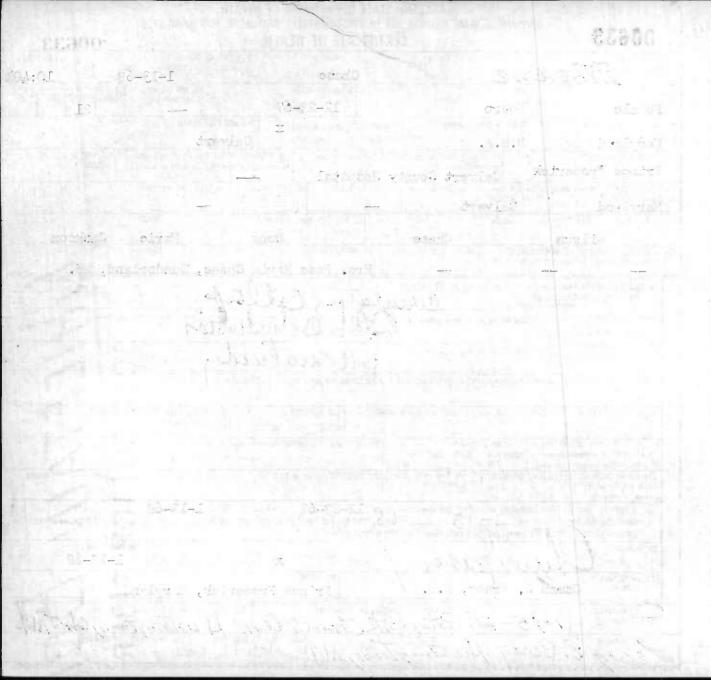
BETWEEN ONSET AND DEATH

State

10:40

unlingtownic REGISTRAR'S SIGNATURE

2Sa. RECD BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

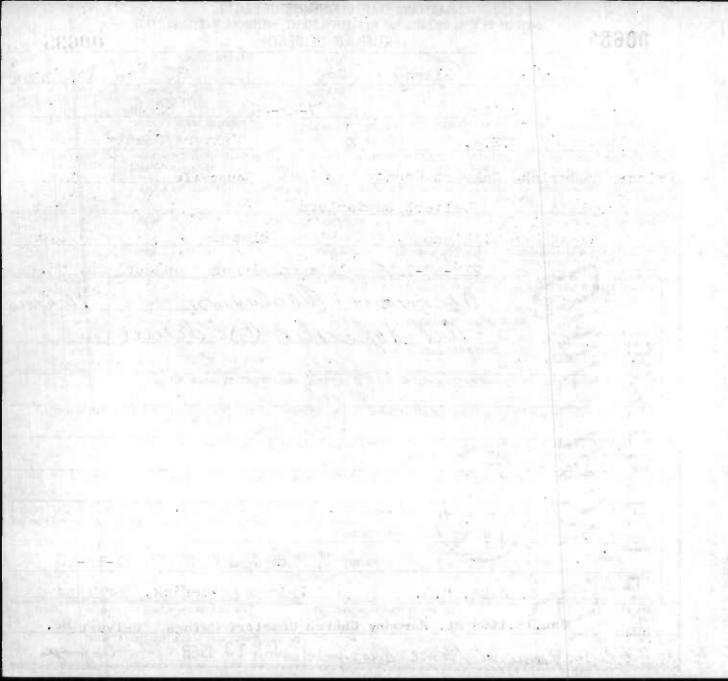
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	ECEASED-NAME	First		Middle		Last		20. D	ATE OF DE					2b. HO	UR
(Type or print)				C	ontee				Manth	Bad	Yeor 7 9	68	7:5	04
3. SE	EX	4. RA	ACE			5. DATE OF			6	. AGE (In years		F UNDER 1 YEAR	-	UNDER 24	
	male	r	negro			1-6	-68			lost birthdoy)	RS. MO	ONTHS DAY		IOURS	MIN
	BIRTHPLACE (State or foreign		ZEN OF WHAT CO	OUNTRY?	B. MARRIEL	NEVER N		9. COUN	NTY OF DI	EATH					
COU	Marvland	T	J.S.A.		WIDOWE	trainer.	ORCED	Ca	al ve	rt Cour	nts	J			Md
10. (CITY OR TOWN OF DEATH		11. NAME O	F HOSPITAL OR INST	TITUTION (If	nat in haspita	12o. USU	JAL OCCUP	PATION (K	ind of work don	ne T	12b. KIND		SINESS OI	R
Pr	cince Frede	rick	Cal v	oddress) ert Cou	ntv	Hospi	ta during m	nast af w	orking life	e, even if retired	1.)	INDUSTRY			
13a.	USUAL RESIDENCE (Where d	eceased lived,	, if institution: R	Residence before	13c. CITY C	R TOWN	13d. INSIDE CITY			ET AND NUMBER					
adm	issian) STATE Marvland	13b.	COUNTY	alvert	Hunt	ingto	YES N	VO 🔯							
14.	FATHER'S NAME First		Middle	Last		IS. MOTHER'S	MAIDEN NAME	First		Middle				Last	1
	Joh	ın	Garre	tt Cont	ee		ī	Pear	٦٦	Lorra	ine	9	H	all	
	. WAS DECEASED EVER IN U.S	. ARMED FOR	CES? 16b.	SOCIAL SECURITY N		INFORMANT			1004	Address					
1	Yes, no, ar unknawn) (If yes	give war or dates o		none	F	earl	Lorra	ine	Hal:	1 Hun	tir	ngto	wn	. Mo	d.
	1B. CAUSE OF DEATH (Ent	er only one co	ause per line far	(a) (b), and (c).)					-		1	APPR	OXIMAT	E INTERVAL T AND DEAT	TH.
	PART I. DEATH WAS C	AUSED BY:		reins	silys	1	/1	1 1 1 6	delle	unin	1		an Onse	AND GEAL	
	1777 X IM	MEDIATE CAUSI		CONSEQUENCE OF		7	100	2207-		/	/	1			
	Canditians, if any, which g			CONSEGUENCE OF			(
	rise to immediate cause		(b)	CONSEQUENCE OF											
	stating the underlying co	Use	(c)	consequence of											
-	PART 2. OTHER SIGNIFICAN	T CONDITIONS	17	TO DEATH BUT NO	T RELATED	TO THE TERMI	NAL DISEASE OR	CONDITIO	N GIVEN I	N PART I(a)					
_	776X					184.									
TION	19a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH O	PERATION WAS PER	FORMED	20a. Al	ITOPSY?		20b. IF YE	ES, WERE FINDING	S CONS	SIDERED IN	CERT	IFYING	
CERTIFICATION						YES	□ NO □		CAUSES O	F DEATH?					
	21a. ACCIDENT WAS UNDE		Ib. TIME OF INJU		21c.			_	af injury	in Port 1 or Port	2, Iter	m 1B.)			
MEDICAL	OR CONTRIBUTING CAUSE C		OUR A.M. Mo	onth Doy Yeor					- 74						
MED	21d. INJURY OCCURRED	21e. PLACE O		DME, FARM, STREET, FACT E BUILDING, ETC.	ORY.) 21f.	LOCATION S	reet or R.F.D. No	0.	City ar	Tawn		County		Stat	е
	While Not while at work		(OFFIC	E BUILDING, ETC.		1.10									
	220. I certify that T	(this hose	sitol) ottende	ed the decease	d from	an 6		68.,1	to Ja	n. 8,	19_E	08 , th	nat (I) (we)	las
100	saw the decease	ed alive on	J. an	8 19	168 a	nd th ot in l	my) (our) ap	oinion d	eoth occ	curred on the	date	and har	uran	d from	the
1	couses stated a	pove, (I) (v	ve) (did) (did	not) view the b	ody afte	r death.									
	22b. SIGNATURE	21/0	000			ANEN	DING -	MED.		STAFF	.2c. DA1	TE SIGNED			
	90	ww	rue		DE	REE PHYS.	LOKE	DIRECTOR		PHYS.					- 17
H	22d. PHYSICIAN'S NAME (Type)	100	77. 77. ~	-	10	1 1000	DDRESS			M		3			
-	NAME (Type) Robe	erto c	ie Vil	larreal	М					Maryl				10	
23a.	DEMONAL (C. 17.1	23b. DATE	16	23c. NAME OF C						(City or Town)		(County)		(State)	
0.4	FUNERAL DIRECTOR	1-16-	00	ADDRESS	n Pt	Ch.	2Sa. REC'D		lum		C 2	alve	rt	Md	•
24.	0	- >	2.4	Pariage	2.	1-1	DATE D	1 Q	1000	25h PEGISTRA	WE SIL	Tees	ge.	1	
1	Tinkuus	6	1 011	F111100	170	1- TWA	DATE	, ,,,			-	A 1	-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the formal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after dea Page 4 may be retained by the hospital or attending physician.

VR A15 (4) /30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00635 CERTIFICATE OF DEATH 00635 Middle 1. DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Sadie Ellen Cox 4. RACE S DATE OF BIRTH 3. SEX 6. AGE (In years last birthday) MONTHS female 7-27-85 white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED "Maryland signed by the attending physician and campletely timed in burial-transit permit. Then please remave carboa papers. burial, crematian, ar remaval, and in any event, within 72 h. Calvert County U.S.A. WIDOWED X DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Calvert County Hospita! during mast of warking life, even if retired.) Prince Frederick Housewife 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY HMITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b COUNTY Calvert Sunderland YES [NO x Marvland 14 FATHER'S NAME First Middle lost IS. MOTHER'S MAIDEN NAME First Middle Lost Eleanor Ryon Alexander Wilkinson 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war or dates of service) Yes, na, ar unknawn) Sunderland. 217-110-71105 Elsie no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO R YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from Jan. 15, 1968, ta Jan. 16, 1968, that (I) (we) last saw the deceased alive an Jan. 15, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 1-16-68 DEGREE PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Frederick. Maryland Page C. Jett. 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Jan. 18, 1968 Mt. Harmony Church Cemetery Owings Burial FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Marles



FOR STATE HEALTH DEPT.

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Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

age ment of 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Depar the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

TO DEPUTY

00636

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00636

- 1			
		ECEASED-NAME Type or Print) Boxtha. Flizabelh 6/25 e 20. DATE KNOWN Month	30 168 65 %
	3. SE	EX. 14 RACE IS DATE OF RIGHT 16 AGE (In years I IF UNDER 1 YEAR I IF UNDER 24 HRS. 20 DATE PRONOLINGED DEAD	2d HOUR
	70.5	7 VY 13/8 / 10/89 / 8 YRS. 1 30	1008 639
Ì,	coun	THE TEXT MANNIED IN THE TEXT OF THE TEXT O	Md
	10, 0	ITY OR TOWN OF DEATH 11. NAME OF JOSPITAL OR INSTITUTION (What in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
4		TNCE Fradarick give street offices / vert to fosp, during hostrat working fred ered.)	INDUSTRY Jame
-		USUAL RESIDENCE (Where decrosed lived, if institution) Residence before 13c. CUT OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY COLVEN 645 74 YES NO 100	runal
	14. F.	ATHER'S NAME First Middle Med Lost IS. MOTHER'S MAIDEN NAME First Middle	Thomas
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SÓCIAL SECURITY NO 17. INFORMANT ADDRESS	9
	(1	(es, no, or unknown) (If yes give war or dates of service) 220-48-1032 Mbb. Bessie 5 Cagga	. Horse Marlosign
		1B. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSY AND DEATH
		IMMEDIATE CAUSE (o) LEVED TO MEMORY MONTH	3 /11)
		Condition, if any, which gove) (b) Cardio-Gascylar-Renal Disease	
		rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	10	lost. 442 × (c)	
	16	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	NOI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
×.	CERTIFICATION	WAS PERFORMED?	YES NO A
	1	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. ON CONTRIBUTING HOUR A.M. P.M. 19	Item IB.)
	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF NUMBRY (At home, form, street, 21f. LOCATION Street or R.F.D. No.) (city or Town)	County State
		WHILE NOT WHILE DISCHOOL OF COLORY O	
Ì		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry [
1		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
ì		ACTUAL SIGNATURE HUWALE MD. ASSISTANT MEDICAL EXAMINER 226. DAT	E SIGNED // C
5		EXAMINER'S DEPUTY MEDICAL EXAMINER	30/60
4		NAME (Type) H. W. Ward ADDRESS (Street, city, town, or county) Choring	5, Ind.
	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Feb. 2, 1968 ST. Taulle Cemetery Lusby Calus	(Coupty) (Stote)
	24.	FUNERAL DIRECTOR ADDRESS ADD	SIGNATURE
	4	1.4. Harkness From, Post Nepholic, Mili DATE FEB 2 1968 file	was made

VR A15ME (5) 10M REV. 1/68

45000 acano Parce Frederick & Calvert Gate Lings Calmed Lusby may Cerebral Bemorrhage Cardio 1705 color-Kend Risease POWNE ANCONSCIONS OF HOME Lushy Calserth Me

Middle

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Last

2a. DATE OF DEATH

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- 17	v	ч.	3	4.	J	4

2b. HOUR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by th director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pag shauld be filled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

00637

First

DECEASED-NAME (Type or print)

Page 4 may be retained by the haspital ar attending physician.

7a. Bi count Ma.1 10. Cli 13a. U Pr 13a. U A Odmis Val 14. FA Ye	1, 1, 0	ank		1 1	3 1968			
	X	4. RACE		S. DATE OF BIRTH		U. AUL (III YOUIS	IF UNDER 1 YEAR IF	
	ale	negro		8-12-04		63 YRS.		
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF			
Ma	ryland	U.S.A.	WIDOWED			ert County	,	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF	R INSTITUTION (If n	nat in haspital 12a. USUA	L OCCUPATION	(Kind of work done	12b. KIND OF BU	
Pr	ince Freder	ick Calvert C	ounty I	Hospital 12a. USUA	Farm	er	INDUSTRI	
13a. adm Ma	USUAL RESIDENCE (Where decedission) STATE ryland	ised lived, if institution: Residence before 13b. COUNTY Calvert	ore Cherse Beach	abeake	REET AND NUMBER			
14. F	FATHER'S NAME First	Middle Las		S. MOTHER'S MAIDEN NAME F		Middle		
	Samuel				iana		Smj	
160.	WAS DECEASED EVER IN U.S. AR	was or dates of conuce)		INFORMANT		Address		
	es, no ar unknawn) (If yes give	219-01-	-4490 A-J	Pearl Morse	11 1	Huntington	wn, Md.	
		nly ane cause per line far (a), (b), and	I (c).)				APPROXIMAT BETWEEN ONSE	
	PART I. DEATH WAS CAUSE IMMEDI	ED BY: IATE CAUSE (a)						
	7824	DUE TO, OR AS A CONSEQUENCE	OF	11.				
	Canditians, if any, which gave rise to immediate cause (a),	(b)		Hear Fr	me me	1		
	stating the underlying cause		. OF					
	last.) (c)						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
NO	1624		C DEDEGE	Lan Aurona	lan	Wee WIEDE ENDINGS CO.	NCIDEDED IN CER-	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSI								
DICA		niner) P.M.						
MEDICAL	21d. INJURY OCCURRED 21e While Nat while at wark at wark	niner) P.M. PLACE OF INJURY (AT NOME, FARM, STREE OFFICE BUILDING, ETC.	et, FACTORY.) 21f. LO			ar Tawn	Caunty	
MEDICA	21d. INJURY OCCURRED While Nat while at wark at wark 22a. I certify that (I) (the saw the deceased of	niner) P.M. PIACE OF INILIRY (AT NOME, FARM, STREE	eased fram_s	Jan . 2 , 19	68, ta_	Jan . 13, 19 6 accurred an the date	58, that (I e and haur an	
MEDICA	21d. INJURY OCCURRED While Not while of work 22a. I certify that (I) (the saw the deceased causes stated above 22b. SIGNATURE	iner) P.M. PLACE OF INJURY (AT NOME, FARM, STREE OFFICE BUILDING, ETC. his hospital) attended the deco	eased fram_s	Jan 2 , 19 dd that in (my) (aur) api death. REE PHYS.	68, ta_	Jan. 13, 19 6 accurred an the date	58_, that (I	
MEDICA	21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (the saw the deceased causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S	his hospital) attended the decoalive an Jan 13, view (all was presented by the control of the co	eased fram seased fram shape and the bady after	Jan. 2 , 19 dt that in (my) (aur) api death. REE PHYS. X D	68, ta nian death	Jan. 13, 19 6 accurred an the date STAFF PHYS. \square 22c. D/1 - 1	68_, that (I e and haur an ATE SIGNED 15-68	
	21d. INJURY OCCURRED While at wark 22a. I certify that (I) (the saw the deceased occurses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Issar	ininer) P.M. P. PLACE OF INJURY (AT NOME, FARM, STREE OF INJURY)	eased fram seased fram shape the bady after DEGI Uji, M.	Jan. 2 , 19 Id that in (my) (aur) api death. REE PHYS.	NED. Frede	Jan. 13, 19 6 accurred an the date STAFF PHYS. \square 22c. D/1 - 1	68_, that (I e and haur an ATE SIGNED 15-68	
23a.	21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (t) saw the deceased occuses stated abov 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Is sar	his hospital) attended the decodive and Land 13, te, (I) (we) (did) (did nat) view to The Late 17-68 Date 17-68 P.M. AT NOME, FARM, STREE BUILDING, ETC.	eased fram seased fram shape the bady after DEGI Uji, M.	Jan. 2 , 19 Id that in (my) (aur) api death. REE PHYS.	NED. RECTOR Frede	STAFF 22c. D/PHYS. D 1-1 Prick, Man ON (City or Town) derland 25b. REGISTRAR'S S	58, that (I e and haur an ATE SIGNED 15-68 ryland (Caunty) Cal. !	

MARYLAND STATE DEPARTMENT OF HEALTH 00638 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00638 DECEASED-NAME First Middle lost 20 DATE OF DEATH 2b. HOUR (Type or print) Mary Herbert requires that the death certificate be executed within 24 haurs after 3. SEX 4. RACE 5. DATE OF BIRTH IE HINDER 1 YEAR 6. AGE (In veors 8-3-80 female negro 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. Calvert County Maryland WIDOWED IX DIVORCED [physician and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dive street address) County Hospital Domestic INDUSTRY remave carban Prince Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE
Maryland NO TX vert Sunderland 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First and in Priscilla Sam Janev Janev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address [(If yes give war or dates of service) Yes, no. or unknown) removal 213-36-8255 John Herbert Sunderland. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Frai Bust. Trools D IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit nse to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🗔 this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from Jan. 1, 19.68 to Jan. 1619.68, that (I) (we) lost sow the deceased alive on Jan. 15. 1968, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After be retained should couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 1-16-68 directar, page 3 shauld be filed v DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Issam F Damalouii.M.D. Prince Frederick, Maryland

VR A15 (4) 30M REV, 1/68

23o. BURIAL, REMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR DATE JAN

23d. LOCATION (City or Town)

25b. REGISTRAR'S SIGNATU

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FOR STATE HEALTH DEPT. og to af

form Give Pages 1,

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Office

Chief Medical Examiner's

the

forworded to

pencil in Item 18.

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"pending"

writing the word

please execute the certificate.

within

This certificate should be executed

with the Stote Department l and 2 pages File permit. **burial-tronsit** 0 pe 3 should

FUNERAL DIRECTOR: Page for be retained 50

1. DECEASED-NAME First Middle 2a. DATE KNOWN (Type or Print) OF ESTI-Leroy Hopper DEATH MATED 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD MIN. M C .. 9-12 16 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH U SA. WIDOWED DIVORCED Calvert Marvland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) Huntingtown 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER deoth admission) STATE 13b. COUNTY Calvert Md. YES NO after IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Last First Leona hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no. or unknown) (If yes give war or dates of service) Mother within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS AMONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), any DUE TO, OR AS A CONSEQUENCE O stating the underlying couse .= PART 2. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removol, 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION WAS PERFORMED? 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year, 21C. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH cremotion, 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn NOT WHILE AT WORK buriol. 22a. I certify that I toak charge af the remains described above, held on Autopsy . Inspection . death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** Ward NAME (Type) Hugh ADDRESS(Street, city, tawn, ar caunty) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) 2-2-68 Patuxant Ch.Cem Huntih gtown ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

entury E. Servell Prince Jud.

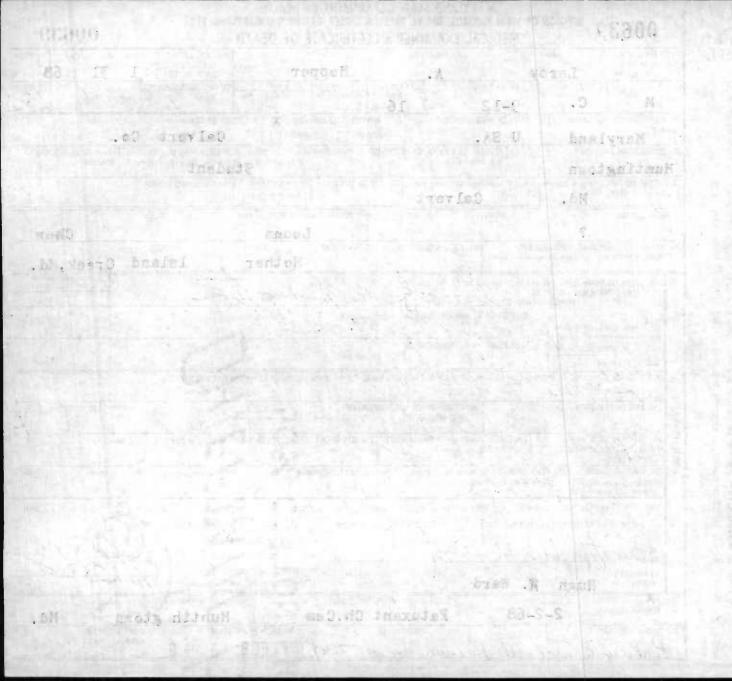
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DATE

Month Year 2b. HOUR 19 68 2d, HOUR 12b. KIND OF BUSINESS OR INDUSTRY Middle Chew lsland Creek, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? County State Inquiry and in my opinian 22b. DATE/SIGNE (State) (County) Md.

VR A15ME (5) 10M REV. 1/68



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	4 8 9	Lean David	(decrees)			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0064	1			ERTIFICA	ATE OF	DEATH				000	11
	ECEASED-NAME Type or print)	First Imory	Cla	Middle rence	Leon	lost ard		2o. DATE	OF DEATH Month	27	6 ⁸	2b. HOUR 2:551
3. SE	x Male		4. RACE White			5. DATE OF B			6. AGE (In year last birthdoy		MEDITE I YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN
	BIRTHPLACE (Stote ontry) Ohio		USA		8. MARRIED WIDOWED	DIVO	KIED	9. county c Calve				Me
9r	ity or town of the	ederic	k Gal		unty :	Hosp.	during mo	ost of workin	ON (Kind of work ng life, even if ret	ired.)	12b. KIND OF INDUSTRY US. G	BUSINESS OR
odmi	ission) STATEMA	ryland	lived, if institution: 13b. COUNTY C	alvert	Owin	gs		4	STREET AND NUME			
14. F	FATHER'S NAME	First John	Middle	lost Leonar			alden name fi rta F:			idle		Last
16o. Y	WAS DECEASED EV (es, no, or unknown) Yes	ER IN U.S. ARMED (If yes give word W. War	FORCES? 166 or dates of service) 2:	. SOCIAL SECURITY N 15-44-8		FORMANT				ress Mar	yland	MATE INTERVAL
	785 Conditions, if ony rise to immediat stating the unde last.	te couse (o), erlying cause	CAUSE (a) DUE TO, OR AS A (b) DUE TO, OR AS A (c) TIONS CONTRIBUTING	CONSEQUENCE OF	S 140	THE TEDMINA	603	، عسال	VEN IN PART 1(a)			
CERTIFICATION	5 PG	X	NOTION FOR WHICH		ALC: U	20a. AUTO	DPSY?	20b.	IF YES, WERE FIND SES OF DEATH?	DINGS CO	NSIDERED IN C	ERTIFYING
MEDICAL CER	21a. ACCIDENT W DR CONTRIBUTING (If either, notify r	CAUSE DF DEATH) P.M.	lonth Doy Yeor					jury in Part 1 or 1	Part 2, It	em 18.)	
ME	21d. INJURY OCCL While Nat what was at work	ork 🗀	ACE OF INJURY (AT I			011			ty or Town		County	State
	22a. I certify saw the causes st	that (I) (this deceased alive tated abave, (haspital) attend e an l) (we) (did) (did	I nat) view the b	d fram 9, and bady after d	that in (m	, 19 ıy) (aur) api	, ta_ nion death	accurred and	the dat	e and haur	(I) (we) las and fram th
	22b. SIGNATURE	1	Jenne Z.	w.) ,	DEGRE	ATTENDI PHYS.	D D	IED. IRECTOR	STAFF PHYS.		ATE SIGNED -27-68	
,	22d. PHYSICIAN'S NAME (Type)	Issam	El Dama	aloujim	M.D.			Frede	rick, l	Mary	yland	
0	BURIAL, CREMATIO REMOVAL (Specify) remation	Ton		23c. NAME OF				Colm	TION (City or Town	Pro	(County)	(Stote)
24.	FUNERAL DIRECTOR	F. Gascl	n's Sons	Hyatts	ville,	Md.	2Sa. REC'D B	Y REGISTRAR	2Sb. REGIS	STRAR'S	SIGNATURE	المالي

Page 4 moy be retoined by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papeks. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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	, variation described

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	8.3	D	4	-
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	00642			CERTIFI	CATE OF D	EATH			006	42
	EASED-NAME be or print)	First	Middle		Last		a. DATE OF D		Year .	2b. HOUR
(116	or printy	Franklin	Joseph	M	ackall,	Jr.		gallery get	2°9 1°968	3 1:00 a
S. SEX		4. RACE			5. DATE OF BIRTH			6. AGE (In years lost birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	male	negr			1-13-	68		- YR		
o. BIR	RTHPLACE (State or foreign)		HAT COUNTRY?		NEVER MARRIE	1	COUNTY OF D			
Ţ	Maryland	U.S.A.		WIDOWED				lvert		M
	y or town of DEATH ince Fred	erick Ca	AME OF HOSPITAL OR INS street oddress) Lvert Col	anty	natin haspital Hospite	during mast	CCUPATION (I of working lit ONE	Kind of wark don e, even if retired	e 12b. KIND OF INDUSTRY	BUSINESS OR
3a. US Idmissi	SUAL RESIDENCE (Where ion) STATE Maryland	deceased lived, if institut	ion. Pesidence hefare	13c. CITY O		INSIDE CITY LIMITS	13e. STRE	ET AND NUMBER		737
	THER'S NAME First	Middle	Lost	1	5. MOTHER'S MAID			Middle		Lost
	Fran	klin Jose	ph Macka				olyn	Ann	Sr	nith
160. W	VAS DECEASED EVER IN U	.S. ARMED FORCES?	16b. SOCIAL SECURITY N		INFORMANT			Address		
	, na, ar unknawn) (If	res give war or dates of service)	none	C	arolyn	Ann M	ackal	1 Hunt:	ingtown	, Md.
		nter only one cause per li)						NATE INTERVAL
	DADT I DEATH WAS				37				Delivery of	DET AND DERIN
	777X		AS A CONSEQUENCE OF		y			- P - CA		
C	anditions, if ony, which		45 A CONSEQUENCE OF							
ri	ise to immediate cous	e (o), (b)	AS A CONSEQUENCE OF							
	tating the underlying ast.	ause Due 10, OK /	43 A CONSEQUENCE OF							
1-		NT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT DELATED 1	O THE TERMINAL D	ICTACE OD COM	NTION CIVEN	IN DART 1/.)		
	77/	NI CONDITIONS CONTRIBO	TING TO DEATH BUT NO	JI KELAIED I	O THE TERMINAL D	ISEASE UKTUNI	JIIION GIVEN	IN PAKI I(O)		
NO 10	9g. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PER	REORMED	20g. AUTOPS	7	20b. IF Y	ES. WERE FINDINGS	S CONSIDERED IN CE	RTIFYING
CERTIFICATION					YES 🗌	NO 🗌	CAUSES (OF DEATH?		
	10. ACCIDENT WAS UND			21c. l	IOW INJURY OCCUR	RED (Enter na	ture of injury	in Part 1 ar Part :	2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE of either, notify medical	exominer) HOUR A.M.	Manth Day Year							
- 4	21d. INJURY OCCURRED While Not while twork at wark		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. I	OCATION Street o	r R.F.D. Na.	City o	r Town	County	State
2	220. I certify that (l) (this hospitol) otto sed olive on Jan obove, (I) (we) (did)	. 18	960. or	d that in (my)	, 19 <u>68</u> (our) opinio	_, toJ n deoth oc	an. 19 curred on the	19 <u>68</u> , that dote and hour o	(I) (we) los and from the
2	2b. SIGNATURE		0	70.70				22	c. DATE SIGNED	
		170	Leon	DEG	REE PHYS.	DE DIREC	TOR 🗆	STAFF PHYS.	1-19-6	68
-	2d. PHYSICIAN'S		194111111		22e. ADDRES	S				
2			Damalanii	i M.T.	Pri	nce F	reder	ick. Ma	arvland	
2	NAME (Type) ISS	am F. el	Damalouj.					2020		
		am F. el	23c. NAME OF					(City or Town)	(County)	(State)
	NAME (Type) I S S BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF	CEMETERY O	CREMATORY	2		(City or Town)	(County)	, ,
23o. (B			23c. NAME OF OR Patux ADDRESS	CEMETERY O	ch. Cem	2	3d. LOCATION	(City or Town) C	(County) alvert	,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after degth

Page 4 may be retained by the haspital ar attending physician.

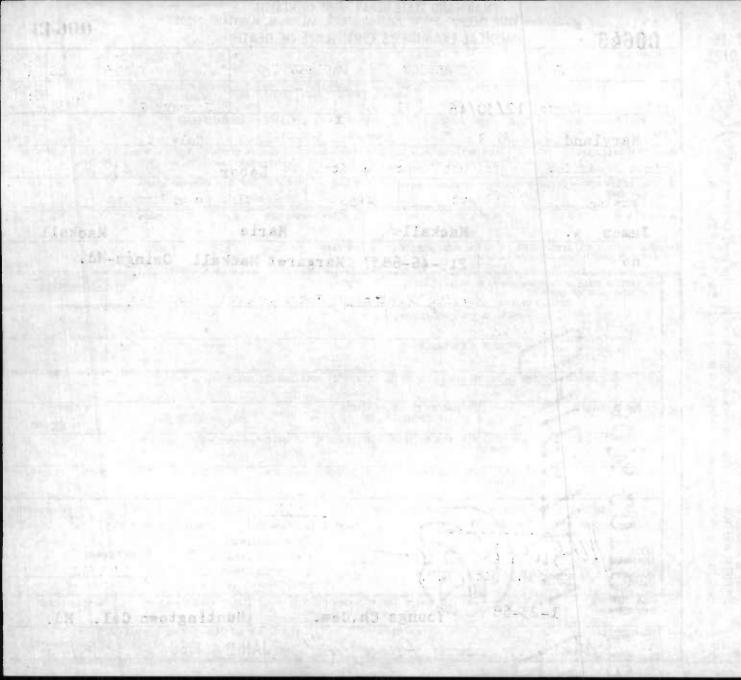
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AN DE STUYLED COMPANY OF THE STATE OF THE ST	63 _ Immigui Dh. Oem.	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OORAS

0064	3	MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATI	H		000-1	10
1. DECEASED-NAME (Type or Print)	First JAME	S	Middle ALBERT	last MACKA	LL Tr.	2a. DATE KNO OF EST	1 /20		28 HOUR
3. SEX	4. RACE	S. DATE DE BIRTH	6. AGE (In lost birthe	yeors IF UNDER 1 YEAR Say) MONTHS DAYS	IF UNDER 24 HRS	MOHI	OUNCED DEAD	Year	2d. HOUE 8:00
Male 7a. BIRTHPLACE (Statements)		12/30 CITIZEN OF WHAT		MARRIED NEVER		Janua OUNTY OF DEATH	14.7	19 68	A N
Mary 10. CITY OR TOWN O Prince Fr			AE OF HOSPITAL OR INSTIT	UTION (If nat in haspi	during most	Calv OCCUPATION (Kind t of working life, e	of work done	12b. KIND OF BUSH	MINESS OR
	CE (Where deceased		an: Residence before 13c		13d. INSIDE CITY LIMITS? YES NO XX	13e. STREET AN	D NUMBER Maryla	and	
14. FATHER'S NAME James	First	Middle	Mackall 5	IS. MOTHER'S A	Marie	st	Middle	Mackal	
Yes, no ne which	VER IN U.S. ARMED FORG		66. SOCIAL SECURITY NO. 219-46-68	17. INFORMANT	aret. Ma		Address Owings		
PART I. I	DEATH (Enter only obtained was caused by IMMEDIATE (any, which gave diate cause (a), inderlying cause	CAUSE (a) ME DUE TO, OR A	for (a), (b), and (c).) ASSIVE SPON S A CONSEQUENCE OF	taneous In	tracerebi	ral Hemon	rhage	APPRDXIMATE BETWEEN DNSET	
231	SIGNIFICANT CONDITIO	NS CONTRIBUTING	G TO DEATH BUT NOT REL	ATED TO THE TERMINA	DISEASE OR CONDIT	TION GIVEN IN PAR	[1(a)		
190. DATE OF C	PERATION	1	9b. CONDITION FOR WHICE WAS PERFORMED?	H OPERATION				20. AUTOPSY	? NO 🗀
	R CONTRIBUTING	21b. TIME OF IN HOUR A.M. P.M.	JURY Manth, Day, Year 19	21c. HOW INJURY	OCCURRED (Enter no	ature of injury in P	art 1 or Part 2, It	tem 18.)	
WHILE []	CURRED 21e. PLAC	E OF INJURY (At , affice building,	hame, farm, street, etc.)	21f, LOCATION Stre	et ar R.F.D. Na.	City or To	٧n	Caunty	State
death re ACTUAL SIGNATURE _ EXAMINER'S NAME (Type)	Werner	U. Spit:		, Suicide ,	Homicide Homicide HIEF MEDICAL EXAM SSISTANT MEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDRESS(Street, city,	NINER AMINER AMINER	Inquiry [_ ined manner 22b. DATE 1/		y opinior
23a. BURAL, CREMA REMOVAL (Spec	(TIDN, 23b. DA' 1-2	3-68		ch.Cem.		3d. LOCATION (City Hunting			tate)
24. FUNERAL DIRECT	Pinkuey	7.5e	evell Pre	uce Thes	2Sa. REC'D BY I		B FCLLE	SIGNATURE Jus	ye.

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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17	TIF	34	68

			EKINICALE C	DEATH			001	O.I.I
1. DECEASED-NAME	First	Middle	Lost		2a. DATE OF DEATH			2b. HOUR
(Type or print)	Ernest	J.	Mes	sick	Month	Day	1968	6:21a
3. SEX	4. RACE		S. DATE C	F BIRTH	6. AGE (In y			IF UNDER 24 HRS.
male	whi	te	12	-19-82	lost birthde	YRS. MONTHS	S DAYS	HOURS MIN
7o. BIRTHPLACE (State or country)		WHAT COUNTRY?	8. MARRIED X NEVER	MAKKIED	COUNTY OF DEATH			
Marylan	d U.S.A			IVORCED	Calvert			Md.
10. CITY OR TOWN OF DEA	giv	NAME OF HOSPITAL OR INS e street address)		during most	OCCUPATION (Kind of war t of warking life, even if r		. KIND OF BI	USINESS OR
Prince Fr	ederick here deceased lived, if instit	Calvert C	ounty Ho	spiltal	Waterma	3n \	Jea	trood
admission) STATE	_ 13b. COUNTY	ution: Residence before	Benedic	TISH. INSIDE CITY LIMIT	1000 111100 1110	ABER		
	First Middle	Last		S MAIDEN NAME Eirst	t N	Middle		Lost
Bei	njamin	Messi	ck	/			St	7 for Cond
160. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY N			Ac	ddress		-11/10
Yes, na, or unknown)	(If yes give war or dates of service)	579020-0	6/19 Eff	ie Messi	ck Bei	nedict	. Md	
	TH (Enter anly one couse per						APPROXIMA	ATE INTERVAL SET AND DEATH
PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (o)	Corna		cluson	in		DETWEEN ON	CT AND DEATH
410,9		AS A CONSEQUENCE OF	. (
Conditions, if ony, v		AS A CONSEQUENCE OF	uss ar	leur scl	Peroris			
rise to immediate		AS A CONSEQUENCE OF	-		/			
stating the underly	(c)	ann	u kass	in cons	Jelin Pm	enne)		
PART 2 OTHER SIGN	HEICANT CONDITIONS CONTRIB	RUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE ORCON	NDITION GIVEN IN PART 1/0	-		
4201	The second second	70 021111	THE PERIOD OF THE PERIOD	mare placede officer.	TO THE TAKE TO			
19a. DATE OF OPERAT	ION 19b. CONDITION FOR W	HICH OPERATION WAS PER	RFORMED 20a. /	AUTOPSY?	20b. IF YES, WERE FII	NDINGS CONSIDE	RED IN CER	TIFYING
III			YES	□ NO □	CAUSES OF DEATH?			
21a. ACCIDENT WAS	UNDERLYING 21b. TIME	OF INJURY			ature of injury in Part 1 or	Part 2. Item 18	8.1	
OR CONTRIBUTING (If either, notify me	CAUSE OF DEATH HOUR A.M	. Month Doy Yeor		(-				
(If either, notify me		. 19 Y (AT HOME, FARM, STREET, FACT		Street or R.F.D. No.	City or Tawn	Cau	ntv	Stote
While Not while	'C	OFFICE BUILDING, ETC.) I'm toomon	SHOOT OF KIAD. NO.	City of Ideal	cool	,	31010
220 L certify th	nat-(1) (this hospital) of	ttended the decense	d from NOV.	29 19 6	7. to Jan.	3 19 68	that (I) (we) last
saw the de	nat (1) (this hospitol) of eceased alive on Je	n. 3	9_68 and that in	(my) (our) opini	on deoth occurred on	the dote an	d hour or	nd from the
couses sto	ted obove, (I) (we) (did) (did not) view the b	oody ofter death.					
22b. SIGNATURE	111/1/10	· est	ATTE	NDING - MED). STAFF	22c. DATE SI		
	+20 ellas		DEGREE PHY	S. UXO DIRE	ECTOR LI PHYS. L	1-3	-68	
22d. PHYSICIAN'S				ADDRESS				
NAME (Type)	Roberto de				nard, Mary	yland		
23a, BURIAL, CREMATION,	23b. DATE	23c NAME OF	EMETERY OR CREMATOR	RY :	23d LOCATION (City or Jan	wn) (Cou	inty)	(Stote)
SEMOVAL (Specify)	Jah. S./	968 ST, 111	ams			in G	125	Md.
24 FUNERAL DIRECTOR	lente in	1/ ADDRESS	1 1. Dy.	2Sa. REC'D BY I	REGISTRAR 2Sb. REC	ISTRAR'S SICNA	TUP	42
He Hunt	& Thunesal	Home, Na	caont, me	DATEJAN	8'1968	March	100	

and 2 deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by mer uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Rages on a second be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour setting Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

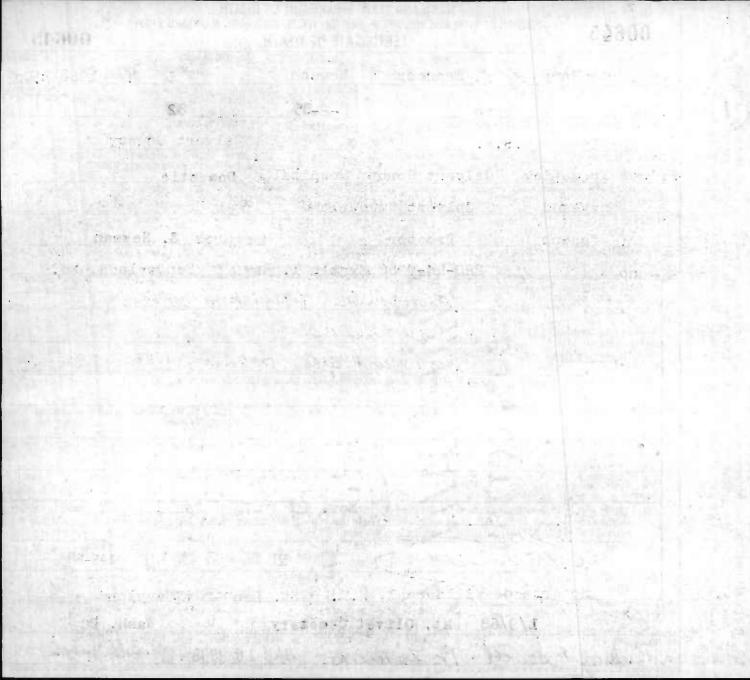
00645

1.											
	DECEASED-NAME	First		Middle		Lost	2a. DATE	OF DEATH			2b. HOUR
	(Type or print)	Mary		Frances		Newman		Manth P	aγ	1868	3 2:50pm
3.	SEX		4. RACE			DATE OF BIRTH		6. AGE (In years		R I YEAR	IF UNDER 24 HRS.
	Female		Negro			8-2-85		lost hinday)	MONTHS	DAYS	HOURS MIN.
	BIRTHPLACE (Stote o	r foreign 7	b. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED	9. COUNTY		•		
	untry)	_	U.S.A.		WIDOWED X		Cal	vert Cour	tv		Md
٥	Mary]			OF HOSPITAL OR INST	-			ON (Kind of work done		KIND OF	BUSINESS OR
				et address)		during	most of worki	ng life, even if retired.		USTRY	DOSINEDO ON
	rince Fr					Hospital		STREET AND NUMBER			
	missian) STATE	vland	12h COLINITY	Calvert		vec []		SIREET AND NUMBER			
14	FATHER'S NAME	First	Middle	Last	15. /	MOTHER'S MAIDEN NAME	First	Middle	500		Lost
		Toseph		Procto	r	M	argar	et E. Ne	wmai	1	
16	a. WAS DECEASED EVE	R IN U.S. ARME	D FORCES? 161	b. SOCIAL SECURITY NO	D. 17. INF	ORMANT		Address			
	Yes, no, or unknown)	(IT yes give war	or dates of service)	20-48-99	66 My	rtle I. R	av	Sunder	and	. Mo	d
		ATH (Enter only	ane cause per line f							APPROXIA	AATE INTERVAL NSET AND DEATH
		WAS CAUSED	BY:	Cherry	mi	- 1 Chim	ine farm	m Confection)	DETWICE OF	DATE AND DEATH
	11210	IMMEDIATI	E CAUSE (o)			100	1				
	Conditions, if any,	which nave \	A	CONSEQUENCE OF	4	whom "					
	rise to immediate		(0)	Julial	Ulun	way					
			DUE TO OB AC A								
	stoting the under	lying cause	DUE TO, OK AS A	CONSEQUENCE OF		· // -					
	last.)	(c)	Bener	elynt	arlan-50	leve	()			
	last.)	(c)	Bener	T RELATED TO 1	Circuir - 50 THE TERMINAL DISEASE O	CONDITION G	IVEN IN PART 1(a)			
N	PART 2. OTHER SIG)	(c)	Bener	elynt T RELATED TO 1	CICLAUR - 50 THE TERMINAL DISEASE O	R CONDITION G	IVEN IN PART 1(a)			
ATION	PART 2. OTHER SIG	GNIFICANT COND	(c)	G TO DEATH BUT NO	T RELATED TO 1	CICLARY - 50 THE TERMINAL DISEASE OF	R CONDITION G	IVEN IN PART 1(a) . IF YES, WERE FINDINGS	CONSIDE	RED IN CE	RTIFYING
TIGICATION	PART 2. OTHER SIG	GNIFICANT COND	(c) ITIONS CONTRIBUTING	G TO DEATH BUT NO	T RELATED TO 1	THE TERMINAL DISEASE O	R CONDITION G	IVEN IN PART 1(a)	CONSIDE	RED IN CE	RTIFYING
CEDTIEICATION	PART 2. OTHER SIG	GNIFICANT COND	(c)	G COLLEGE TO DEATH BUT NOT OPERATION WAS PER	FORMED	THE TERMINAL DISEASE O	R CONDITION G	IVEN IN PART 1(a) . IF YES, WERE FINDINGS ISES OF DEATH?			RTIFYING
	PART 2. OTHER SIG	GNIFICANT COND ATION 19b. CO AS UNDERLYING CAUSE OF DEATH	(c) DITIONS CONTRIBUTING ONDITION FOR WHICH 21b. TIME OF IN HOUR A.M.	G TO DEATH BUT NOT OPERATION WAS PERI JURY Manth Doy Yeor	FORMED	20a. AUTOPSY? YES NO [R CONDITION G	IVEN IN PART 1(a) . IF YES, WERE FINDINGS ISES OF DEATH?			RTIFYING
MEDICAL CENTRICATION	PART 2. OTHER SIGNATION OF CONTRIBUTION OF CON	GNIFICANT COND ATION 19b. CO AS UNDERLYING CAUSE OF DEATH redical examine	(c) DITIONS CONTRIBUTION ONDITION FOR WHICH 21b. TIME OF IN. HOUR A.M. A.P.M.	OPERATION WAS PERIOR DOY YEAR 19	FORMED 21c. HOW	ZOG. AUTOPSY? YES NO [VINJURY OCCURRED (En	20b CAU	IVEN IN PART 1(a) IF YES, WERE FINDINGS ISES OF DEATH? INJURY IN PORT 1 or PORT 2	!, Item 18	l.)	
	PART 2. OTHER SIGNATION OF CONTRIBUTING (If either, notify model)	SNIFICANT COND ATION 19b. CO AS UNDERLYING CAUSE OF DEATH Hedical examine RRED 21e. P	(c) DITIONS CONTRIBUTION ONDITION FOR WHICH 21b. TIME OF IN. HOUR A.M. A.P.M.	OPERATION WAS PERIOR DOY YEAR 19	FORMED 21c. HOW	20a. AUTOPSY? YES NO [20b CAU	IVEN IN PART 1(a) . IF YES, WERE FINDINGS ISES OF DEATH?		l.)	RTIFYING State
	PART 2. OTHER SIGNATION OF CONTRIBUTION OF CON	SOUNDERLYING AS UNDERLYING CAUSE OF DEATH Hedical examine RRED 21e. P	CONTRIBUTION CONTRIBUTION FOR WHICH 21b. TIME OF IN HOUR A.M. A.P.M. AACE OF INJURY (AT OFF	OPERATION WAS PERIOD OPERATION WAS PERIOD OPERATION WAS PERIOD OPERATION WAS PERIOD OPERATION OP	FORMED 21c. HOW	20a. AUTOPSY? YES NO [7 INJURY OCCURRED (En	20b CAU ter nature of i	IVEN IN PART I(a) IF YES, WERE FINDINGS ISES OF DEATH? Injury in Part 1 or Port 2	, Item 18	i.)	State
	PART 2. OTHER SIGN TO PERA SIGN	SOUNDERLYING CAUSE OF DEATH Hedical examine RRED 21e. P	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION CO	OPERATION WAS PERIOD OPERATION WAS PERIOD OPERATION WAS PERIOD OPERATION WAS PERIOD OPERATION OF THE BUILDING, ETC.	FORMED 21c. HOW ORY,) 21f. LOCA	20a. AUTOPSY? YES NO [7 INJURY OCCURRED (En	20b CAU ter nature of i	IVEN IN PART I(a) IF YES, WERE FINDINGS ISES OF DEATH? Injury in Part 1 or Port 2 Ity or Town	Cour	i.)	State (1) (we) los
	PART 2. OTHER SIGN TO PERA SIGN	SNIFICANT COND AS UNDERLYING CAUSE OF DEATH hedical examine RRED 21e. P	(c) PITIONS CONTRIBUTING DIDITION FOR WHICH 21b. TIME OF IN HOUR A.M. A P.M. HACE OF INJURY (AT OFF	OPERATION WAS PERIOD JURY Manth Doy Yeor 19 HOME, FARM, STREET, FACTIFICE BUILDING, ETC.	FORMED 21c. HOW ORY.) 21f. LOCA d from N	20a. AUTOPSY? YES NO [VINJURY OCCURRED (En	20b CAU ter nature of i	IVEN IN PART I(a) IF YES, WERE FINDINGS ISES OF DEATH? Injury in Part 1 or Port 2 Ity or Town	Cour	i.)	State (1) (we) los
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	PART 2. OTHER SIGN TO PERA SIGN	SNIFICANT COND AS UNDERLYING CAUSE OF DEATH hedical examine RRED 21e. P	(c) PITIONS CONTRIBUTING DIDITION FOR WHICH 21b. TIME OF IN HOUR A.M. A P.M. HACE OF INJURY (AT OFF	OPERATION WAS PERIOD JURY Manth Doy Yeor 19 HOME, FARM, STREET, FACTIFICE BUILDING, ETC.	FORMED 21c. HOW 21f. LOCA d from	ZOG. AUTOPSY? YES NO [ATION Street or R.F.D. It OV 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	20b CAU ter nature of i ha. (CAU MED. MED.	IVEN IN PART I(a) IF YES, WERE FINDINGS ISES OF DEATH? Injury in Part I or Port 2 Ity or Town I an / , 1 h occurred on the company of the company o	Could Sold to Could Sold to Could Sold to Could	that d hour	State (1) (we) los
	PART 2. OTHER SIGNATURE PART 2. OTHER SIGNATURE 190. DATE OF OPERA 190. DATE OF OPERA 21a. ACCIDENT WA 190. OR CONTRIBUTING (If either, notify at wark 21d. INJURY OCCU While Not what wark 22o. I certify saw the couses st 22b. SIGNATURE	SNIFICANT COND AS UNDERLYING CAUSE OF DEATH hedical examine RRED 21e. P	(c) PITIONS CONTRIBUTING DIDITION FOR WHICH 21b. TIME OF IN HOUR A.M. A P.M. HACE OF INJURY (AT OFF	OPERATION WAS PERIOD JURY Manth Doy Yeor 19 HOME, FARM, STREET, FACTIFICE BUILDING, ETC.	FORMED 21c. HOW ORY.) 21f. LOCA d from N	ZOO. AUTOPSY? YES NO [ATION Street or R.F.D. Months in (my) (our) ooth. ATTENDING PHYS.	20b CAU ter nature of i	IVEN IN PART I(a) IF YES, WERE FINDINGS ISES OF DEATH? Injury in Part 1 or Port 2 Ity or Town Jan / , 1 h occurred on the	Could Sold to Could Sold to Could Sold to Could	aty _ , that d hour of	State (1) (we) los
	PART 2. OTHER SIGN TO PERA SIGN THE SIG	SONIFICANT COND ATION 19b. CO AS UNDERLYING CAUSE OF DEATH hedical examine RRED 21e. P ile hthat (I) (this deceased—alio oted abave,	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH 21b. TIME OF IN HOUR A.M. A. P.M. HOUR A.M. A. P.M. ALACE OF INJURY (AT OFFI hospitol) ottend we on Jan. (I) (we) (did) (did)	OPERATION WAS PERIODER AND THE BUILDING, ETC. JURY Manth Doy Yeor 19 HOME, FARM, STREET, FACTIFICE BUILDING, ETC. Jury Home, FARM, STREET, FACTIFICE BUILDING, ETC.	FORMED 21c. HOW ORY,) 21f. LOCA d fromN 7 And hody after de	ZOG. AUTOPSY? YES NO [ATION Street or R.F.D. It of that in (my) (our) of the control of the con	20b CAU ter nature of i la. C 67, ta_pinion deot MED. DIRECTOR	IVEN IN PART I(a) IF YES, WERE FINDINGS ISES OF DEATH? Injury in Part 1 or Port 2 Ity or Town Jan / , 1 h occurred on the company of the performance of the company of the performance of the company of the compan	Court 9 67 dote on C DATE SI	that d hour a	State (1) (we) los
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Traeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Peges 1 Jane should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.



0 1 1		MARYLAND STATE DEPARTMENT OF HEALTH	The second
FOD STATE		00646 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0646
FOR STATE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH CECASED-NAME	
S 2 7	(Type or Print) Character Harvey - Marker OF ESTI- DEATH MATER 1 4	Yeor 2b. HOUF
Programment Programment	3. S	EX : 14 RACE S. DATE OF BIRTH 16. AGE 19 years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	Zd Hou
oncong M3.		My S/2-2/9/ PO YRS. MONTHS DAYS MOURS MIN. Month / Way	Year 8 433
J, 2, on m PM3. Departm	7o.	BIRTHPLACE ASSISTED TO TO GO TO DE WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
for the	10 (WIDOWED DIVORCED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work dane 120.	KIND OF THEORY OF
Give Pages ong with for			ISTRY
0 80 0 3 004		USUAL RESIDENCE (Where deceased lived, if institution Residence before the city OR JOHN 13d. INSIDE CITY LIMITS? 13e. STREET-AND NUMBER dmission) STATE 13b. COUNTY 13b. COUNTY 13c. STREET-AND NUMBER	
24 hours in Item 11 in Soffice 12 and 2 is ofter d	14. [ATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Ellen a C	rockett
hin ncil ninel pogé hou		WAS DECEASED EVER IN U.S. ARMED FORCES? (es no. of Octobrown) (If yes give war or dolles of service) 219-36-8802 (11)	ensly
		18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed inding" in Medical Expression (Expression) in the most of		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	
be execut "pending" nief Medic onsit perm event wit		Canditions, if any, which gove	
ould by vord " ne Chie ol-tron		rise to immediate cause (a), (b)	
should be executed to word "pending" to the Chief Medical burial-transit permit. In ony event within		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1
		PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
	NC	Was slagen free and ladder willen	1
11.0	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	ERTIF	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18	YES NO
	MEDICAL (PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	2.]
3 4 5 6	WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street at R.F.D. No. City or Tawn Ca	ounty State
5 5 5 C	1	AT WORK LI AT WORK LI	
tor. Poed for CTOR:	- 3	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	ond in my opinion
oleose edirector director etoined DIRECT	2	death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner	,
	А	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 2206, DATE SIGNATURE	ED/
EPUTY ssary, I funeroll oy be r INERAL Ith prii	100	EXAMINER'S DEPUTY MEDICAL EXAMINER	18
O DEPUT' necessary, the funers 5 may be O FUNERA Health p		NAME (Type) H. W. Wahd M.D. Owings, Md. ADDRESS(Street, city, town, or county) / 1/0	, 0
0 = 4 ~ 5 = 0	230	BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour	nty) (State)
61	24.	FUNERAL DIRECTOR, ADDRESS 1250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAL	ATIER
VR A15ME (6)	6	T. a. Harkness Ten toch Republic, ml. DATE Jak 9 1968 golvands	
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April Mary	BBB1 0		ALLO CALP

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

	00647		CE	RTIFICA	TE OF DEATH			006	347
	CEASED-NAME Fir	st	Lee	Re	lost	2o. DATE	OF DEATH Month 23 Do	Y 68 Year	2b. HOUR
,	n	4. RACE		S.	DATE OF BIRTH		6. AGE (In years lost birthday) YRS.	MDNTHS DAYS	IF UNDER 24 HRS.
7o. l	BIRTHPLACE (State ar fareign htry) D.C.	7b. CITIZEN OF WH		MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY (Mo
Pr	ity or town of DEATH inco Frederick	give	AME OF HOSPITAL OR INSTIT	A Cou	nty tos during ,	NEM		12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where dece	ased lived, if institut 13b COUNTY	E GEORGESC	oftage (1.0		STREET AND NUMBER	le Ter	۲.
14. [ATHER'S NAME First	Middle	Reiser	15. /	MOTHER'S MAIDEN NAME	First	Middle	BI	lost
16o. Y	was deceased ever in U.S. A es, no, or unknown) (If yes giv	RMED FORCES? re war or dates of service)	37709601		Cen M. RA	HLEY	BOX Address SOLON	RONS N	10,
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	ne far (a), (b), and (c).)	Uo	où Fo	Dell i		APPROXI	MATE INTERVAL INSET AND DEATH
	Conditions, if any, which gay		AS A CONSEQUENCE OF	(0)	-000				
	rise ta immediate cause (a stating the underlying cous last.).((6)	AS A CONSEQUENCE OF						
-	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO 1	HE TERMINAL DISEASE OR	CONDITION GI	VEN IN PART I(a)		
CERTIFICATION		Pb. CONDITION FOR WH	ICH OPERATION WAS PERFO	DRMED	20a. AUTOPSY? YES NO	CAUS	IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D (If either, natify medical exo	EATH HOUR A.M.	F INJURY Manth Day Year 19	21c. HOW	INJURY OCCURRED (Ent	er nature af ir	njury in Port 1 or Port 2,	Item 18.)	
ME	21d. INJURY OCCURRED 2' While Nat while at work at wark	1e. PLACE OF INJURY	AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.				ity or Town	Caunty	State
	22o. I certify that (I) (olive on	ended the deceosed 19 (did not) view the bo	, ond 1	that in (my) (our) or	<i>&&</i> _, to_ pinion deatl	n occurred on the d	ate and hour	(I) (we) los ond from th
	22b. SIGNATURE	1) one	J. m.j	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF D	DATE SIGNED	- 8
	22d. PHYSICIAN'S NAME (Type) ISSO	m el Dan	nalouji		22e ADDRESS Pr. Free	d. H	a .		
P	REMOVAL (Specify)	DATE 27,190	8 ROCK	REE	K. CEM.	WAS	TION (City or Town) SHINGTON	(County)	(State)
24.	FUNERAL DIRECTOR HAM	BERS (00	, PIVERDA	LE, A		AN 29		S SIGNATURE	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

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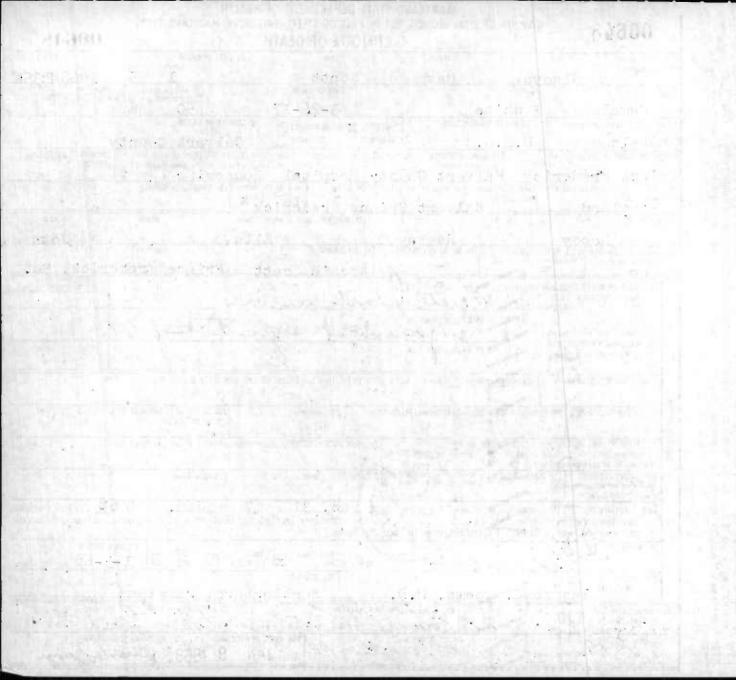
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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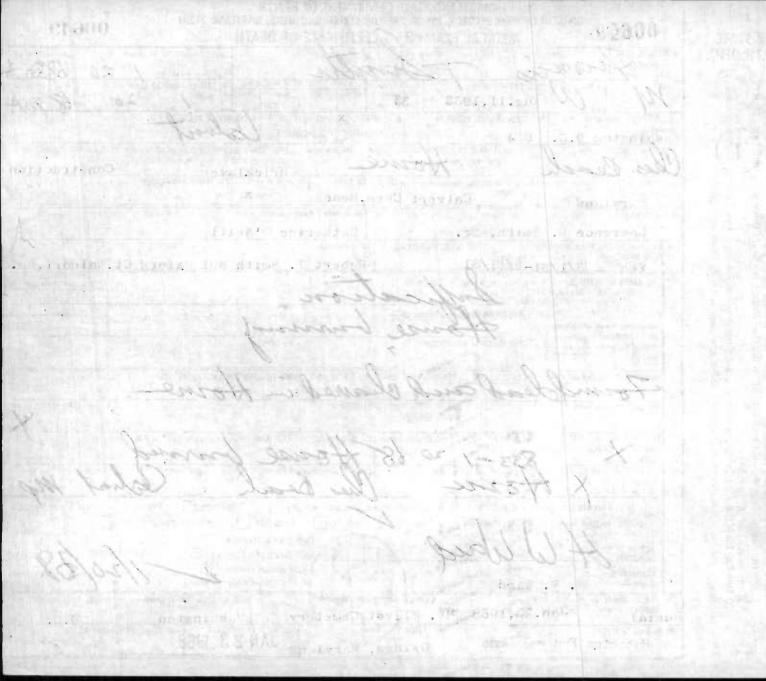
				TE OF DEATH				0 0 0	40	
	ECEASED-NAME First	Middle		Lost	2a. DATE OF		D	v	2b. HO	JR
1	Type or print) Glad	vs Mav	S	cott		Month 1	Day	1968	3 2:35	ia ^V
3. S	EX	4. RACE		. DATE OF BIRTH		6. AGE (In years		DER I YEAR	IF UNDER 24	HRS.
	female	white	1.74	3-26-17		lgst birthdoy)	RS. MONTHS	S DAYS	HOURS	MIN.
		b. CITIZEN OF WHAT COUNTRY?	B. MARRIED TX	NEVER MARRIED	9. COUNTY OF	DEATH				
cau	Maryland	U.S.A.	WIDOWED		Calv	ert Cou	ntv			Md
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If nat	in haspital 12a. USU	IAL OCCUPATION	(Kind of work da	ne 12b		BUSINESS OF	
P	rince Frederic	ck Calvert Co	unty H	osnitel during m	nost of working	life, even if retired	1.) INC	DUSTRY		
13a.	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before				REET AND NUMBER				
adm	nission) STATE Maryland	13b. COUNTY Calvert	Prince	Frederic						
14.	FATHER'S NAME First	Middle Last		MOTHER'S MAIDEN NAME		Middle			Lost	
	Moody	Ramse	377	E.	11a			-	Fott	
	. WAS DECEASED EVER IN U.S. ARMED	D FORCES? 16b. SOCIAL SECURITY		ORMANT	LLa	Address	2		7066	
l '	Yes, no, or unknown) (If yes give war	or dates of service)	Ar	chie Scoti	t Pr	ince Fr	eder	ick.	. Md	
		one cause per line for (o), (b), and (1				APPROXIM	IATE INTERVAL	
	PART I. DEATH WAS CAUSED E	BY: BALLTA	Telout	dal alla	1 1 4			DETWEEN ON	ISET AND DEATH	,
	410 G IMMEDIATE	DUE TO, OR AS A CONSEQUENCE O		2	. 1		_			
	Conditions, if any, which gove		= ===00	10 wel		. 9 1				
	rise to immediate cause (a).									
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
	_	ITIONS CONTRIBUTING TO DEATH BUT	NOT DELATED TO 1	THE TERMINAL DISEASE OR	CONDITION CIVE	N IN DADT 1/a				_
	4001	ITIONS CONTRIBUTING TO DEATH DOT	NOT KEERIED TO	THE TERMINAL DISEASE OR	CONDITION SIVE	14 114 7 761 1(0)				
TION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS A	PERFORMED	20a. AUTOPSY?	20h IE	YES, WERE FINDING	S CONSIDE	RED IN CE	RTIFYING	
CERTIFICATION	Tro. Drill of or Ekriffold	Monitor ok Willen of Ekanton 1970 1	- CKI OKINED	YES NO	CALISES	OF DEATH?	, conside	111 02	KIII I III O	
CERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW	/ INJURY OCCURRED (Ente	_	ny in Part I or Port	2 Itam 1	8.1		
3	OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Month Day Yea	or	THORY OCCURRED (EIN	er nordre or inju	19 11 1 2011 1 01 1 011	Z, Nem IL	··)		
MEDICAL	(If either, natify medical exominer		FACTORY 1 21f LOCA	ATION Street or DED No.	n City	ar Town	Cour	ntv	State	_
		LACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.	7 211. 100	Allon Sileel of K.P.D. No	u. City	ui iown	COU	μıγ	31010	
	at work at work	haspital) attended the dasse	red from D	ec 31 10 <i>6</i>	57 to	Jan 5	10 68	that	(1) (1112)	lac
	saw the deceased aliv	haspital) attended the decea ve an Jan . 5	19 68 and	that in (my) (aur) an	inian death	accurred on the	date an	d hour o	ind from	the
	causes stored above,	(I) (we) (did) (did nat) view the	e bady after de	ath.	aii uuuii i	accomed an inc	date all	a muot c	and main	.116
	22b. SIGNATURE			ATTENNA	MED		22c. DATE S	IGNED		
	THUS	mes	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1-5-	-68		
	22d. PHYSICIAN'S		40-11-15	22e. ADDRESS						
	NAME (Type) George	e J. Weems, M.	D.	Hunting	gtown.	Maryla	nd	-1-1		
23a	BURIAL CREMATION. 23b DA		F CEMETERY OR CE			ON POLY OF TOWN		unty)	(State)	,
	REMOVAL (Specify)	n. 8, 1968 6mm	anuel	Cematery		of tenne, la	elver	16,	mo	,
24.	FUNERAL DIRECTOR	ADDRES		2Sa. REPD	BY REGISTRAR	2Sb. REGISTRA	AR'S SIGNA	TURE	176-17	
	U. U. Warkenes	el dog, duth.	epurcio	11111	N Q	1000 07	4-1	. ().		

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the TOP director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1—shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after. SOM REV 108



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00649 00649 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN (Type or Phint) EST1-OF Iny delay is 2, and 3 ta DEATH MATED IF UNDER 24 HRS S. DATE OF BIRTH 2r. DATE PRONOUNCED DEAD MONTHS iast birthday) HOURS MIN. Doy 26 Aug. 11, 1932 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9/COUNTY OF DEATH Washington D.C. WIDOWED | DIVORCED USA State Give Pages 10 CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** Bricklaver Construction with 1 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER death. odmission) STATE 13b. COUNTY pencil in Item 18. Calvert Ches. Beach YES NO Maryland land 2 24 hours after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Catherine O'Neill Lawrence D. Smith, Sr. pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Robert I. Smith 801 Oxford Ct. Waldorf. Md. File 9 18. CAUSE OF DEATH (Enter only one couse per lin for (o), (b) and (c).) within be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: pending IMMEDIATE CAUSE (a) DUE TO, OR burial-transit Conditions, if ony, which gove rise to immediate couse (a), This certificate shauld writing the ward stoting the underlying couse = CONTRIBUTING TO DEATH BUT NOT RELATE O TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 arwarded CERTIFICATION 20. AUTOPSY? 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate. YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INTURY OCCURRED (Enter noture of injury in Port 1 or Port A Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING [crematian, INJURY (At home, form, street, City or Town Stote FUNERAL DIRECTOR: P 22a. I certify that I taak charge of the remains described above, beld an Autopsy [Inspection , Inquiry ond in my opinion Accident Z death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) H. W. Ward ADDRESS(Street, city, town, or (ounty) 0 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Jan. 23, 1968 Mt. Olivet Cemetery Burial Washington ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Charles Hutchins Funeral Home VR A15ME (5) Owings, Maryland 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

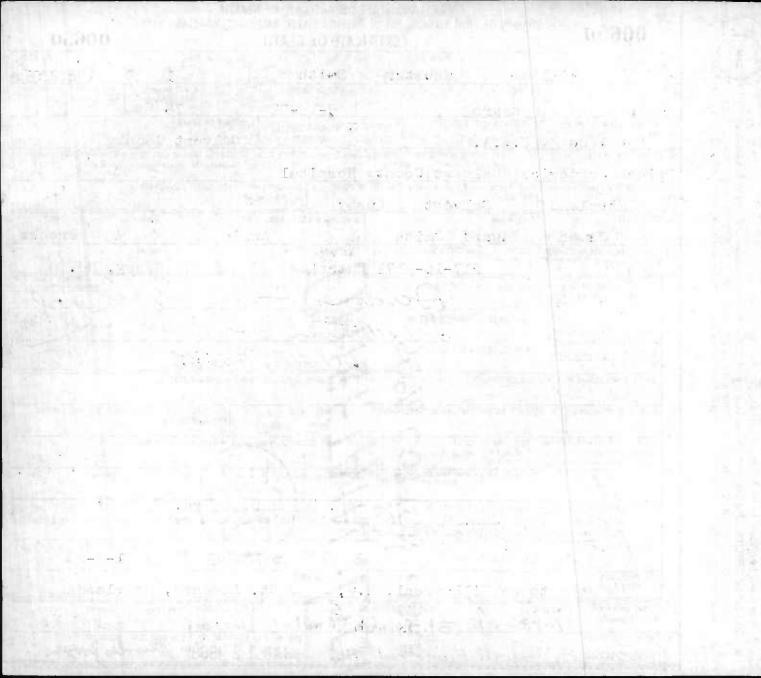
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MARYLAND STATE DEPARTMENT OF HEALTH 21201

DIVISION	OF	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND
				CER	TIF	ICATE C	F DEA	TH	

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		V.P.	e J	1

1	DECEASED-NAME First	Middle	Lost	0- DATE OF DEATH	2b. HO
	(Time or print)			2a. DATE OF DEATH Manth Day	. Vans
		liam Webster		1 7	1 400 100
3. 9	X3S	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
	male	negro	9-15-92	75 YRS.	MDR(II)
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? B.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
COL	Maryland		IDOWED DIVORCED	Calvert Coun	tv
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITU	ITION (If not in haspital 12a. USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OF
	rince Freder	ick Calvert Cour	nty Hospital during m	nost af warking life, even if retired.)	INDUSTRY
4 130 adn	o. USUAL RESIDENCE (Where decease mission) STATE Maryland	ed lived, if institution: Residence before 136. 13b. COUNTY Calvert	Lusby YES N	The state of the s	
3. 17a. (coi 10. 17a. 17a. 17a. 17a. 17a. 17a. 17a. 17a	FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME	First Middle	Lost
	James	Edward Smith	A	nnie	Brook
160	a. WAS DECEASED EVER IN U.S. ARA		17. INFORMANT	Address	
	Yes, no, or unknown) (If yes give w	ar or dates of service) 217-18-217	71 Ruth Lee	Lusb	v. Md.
=	yes		TIMON DEC	Duso	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b) and (c).)		Transfer of the state of	BETWEEN ONSET AND DEAT
		ITE CAUSE (a)	aous		201
	2000	DUE TO, OR AS A CONSEQUENCE OF			10 m
	Conditions, if any, which gove	(b) Jely	acolin -		
	rise ta immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		7- 000	
	last.	(c)	pobelis	mellity_	
	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
-	264V				
100	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFOR	RMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
7 3			YES NO	CALISES OF DEATHS	
/ FR	21g. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		er noture of injury in Part 1 or Port 2,	Itam ID\
		HOUR A.M. Manth Day Year	ZIC HOW INJUNI OCCURRED (EITHE	er notice of injury in Part 1 of Port 2,	ilem ib.)
N E	(If either, notify medical exami				
J =	21d. INJURY OCCURRED While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	21f. LOCATION Street ar R.F.D. No	o. City or Town	County Stat
Y	al work of work				
	220. I certify that (1) (th	is hospital) attended the deceased	rom Jan. 8 , 19_	68, to Jan. 9, 19	<u>68</u> , that (I) (we)
	sow the deceased o	live on Jan 9 19 (we) (did) (did not) view the bod	ച്ച്, ond that in (my) (our) op	inion deoth occurred on the do	ote ond hour ond from
		(We) (did) (did not) view the bod	ly offer deoffi.		
	22b. SIGNATURE	1000000	ATTENDING TO 1	MED. STAFF 22c.	DATE SIGNED 1-9-68
	yau	aran /		MED. STAFF DIRECTOR PHYS.	1-9-00
	22d. PHYSICIAN'S		22e. ADDRESS	T 3 36	2
	Rober Rober	to de Villarreal,		. Leonard, Mar	yland
230	BUBAL, CREMATION, 23b.	/	ETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)	13-68 St. Joh	nCh.Cem.	Lusby,	cak. md
24.	. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	P- brus &	Sauvell Prince Fre	of med DATIAN	1 2 1968 Schar	les juste.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00654

				CEKIILIG	LAIL OF D	EAIN			OOO	47.1
1. DECEASED-NAME	First		Middle		Last	20	. DATE OF DEATH		.= 1.10	2b. HOUR
(Type ar print)	Harr	V	Clevel	and S	tallin	ØS.	Me	onth Day	7 196	82:00
3. SEX		4. RACE			S. DATE OF BIRT			(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
male		W	nite		9-3-	78	last 80		MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State	ar fareign		WHAT COUNTRY?	B. MARRIED	NEVER MARRI	-	OUNTY OF DEATH			1
country) Maryla	and	U.S.A	A.	WIDOWED			alvert	County	V	N
10. CITY OR TOWN OF		1	1. NAME OF HOSPITAL OR	INSTITUTION (If r	nat in haspital	12a. USUAL OC	CUPATION (Kind o	of wark dane	12b. KIND OF	F BUSINESS OR
Prince F	reder	ick 8	ve street address) Calvert C	ounty	Hospit	al Fa	f warking life, ev rmer	en if refired.}	INDUSTRY	
			titutian: Residence befa		R TOWN 13	d. INSIDE CITY LIMITS?	13e. STREET AN	D NUMBER		100
odmission) STATE Mary Land		13b. COUNT	lvert	Dunk	irk	res No 🔼				
14. FATHER'S NAME	First	Middl	e Last	1:	S. MOTHER'S MAID	EN NAME First		Middle		Last
	rank		Stall	ings		Les	sie		Тя	vlor
16a. WAS DECEASED EX		ED FORCES?	16b. SOCIAL SECURI	TY NO. 17.	INFORMANT			Address		
no			273-12-	5796	Annie	Catter	ton	Brist	tol. M	1d.
IB. CAUSE OF D	EATH (Enter and	y ane cause p	er line far (a), (b), and	(c).)		on	-0.			IMATE INTERVAL GNSET AND DEATH
PARI I. DEA	TH WAS CAUSED	TE CAUSE (a) _	acrele	(0)	codar	11 6.0	alist	M	19	201
410.0)	DUE TO,	OR AS A CONSEQUENCE	OF 1	01	40	011	0		1
Canditians, if an		(b)_	art	1XC	leger	up (C.V.C	execas	1	V
stating the und		DUE TO,	OR AS A CONSEQUENCE	OF	1	111.0	. 1. 1	1		
last. 4201		(c)_	Myper	unde	XX	mari	and	n		
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL I	DISEASE OR CONDI	TION GIVEN IN PA	RT 1(a)		
8 1e	ela	na	10	160						
19a. DATE OF OPE	RATION 19b.	EONDITION FOR	WHICH OPERATION WAS	PERFORMED	20a. AUTOPS		CAUSES OF DEA	ERE FINDINGS CO ATH?	INSIDERED IN C	ERTIFYING
THE STATE OF THE S	WAS HAIDED VIN	0 1000 500		Ta	YES 🗆	NO 🗌			121	
		A 1 61 1111	E OF INJURY M. Manth Day Ye		OW INJURY OCCUI	RRED (Enter nati	ure of injury in Po	rt 1 ar Part 2, 1	tem 18.}	
OR CONTRIBUTING	medical examir	er) P	.M.	19			<i>(1)</i>			61.7
- ZIG. INJUKT OCC	vhile 7	PLACE OF INJU	RY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	, FACTORY,) 211. L	OCATION Street	ar R.F.D. Na.	City ar Taw	n	County	State
While Nat w	ark -				T 0	10 / 0	T. T	3.0.10	/ 0 11	. (0) () 1
220. I certify	that (I) (the	s haspital)	ottended the dece	osed from	d that in (my)	, 19_00	dooth occurr	ad on the day	60, that	(I) (we) la
couses	stated obove	, (I) (we) (d	lid) (did not) view tl	he body ofter	death.	(our) opinior	i deom occom	su on me uu	ie diid iidoi	und nom n
22b. SIGNATURE		12/	1			MED	C715		ATE SIGNED	
1 90	MC	11	300	DEG	REE PHYS.	MED.	OR STAFF		. 17,	1968
22d. PHYSICIAN'S		1			22e. ADDRE	SS				
NAME (Type	Page	C. J	Tett, M.D		Pr		rederic		yland	
23a. BURIAL, CREMATI	A			OF CEMETERY OR			d. LOCATION (City		(Caunty)	(State)
REMOVAL (Specify	Pan	. 20,1	968 So. M				unkirk,			1d
24. FUNERAL DIRECTO	£ . ¬	1	ADDR			Sa. REC'D BY RE	GISTRAR 25	b. REGISTRAP'S	- 10	uder
Hulch	noTus	unal	Hono Ow	ings, N	daryland	DATE UNIV	23 1968	1	- rus	0

• TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers.—Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 7 b baurs of Page 4 may be retained by the hospital ar attending physician.

A 3 4 VR A1

16300	THE SHARE AN	Minio se jih			8
			distant.		
	in the same				
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8827 , \$1 .	· · · · · · · · · · · · · · · · · · ·				
10 T 110 V		and of the	A STATE OF THE STA	Jun. iv, Bloc	

FOR STATE HEALTH DEPT.

PM3. Rage

60

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Defartmental Health prior to buriol, cremotion, or removol, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4, should be formed a should be formed as a should be

TO DEPUTY

VR A15ME (5) 10M REV, 1/68

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

00652

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET. **BALTIMORE, MARYLAND 21201**

1		,				,
	MEDICAL	FYAN	INFR'S	CERTIFIC	ATE OF D	FATH

00652

	DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day	Year 2b. HOUR
(Type or Print) ROW FOUNDED WOOD DEATH MATER TO JAM 28	7 1868 M
3. S	TA PACE / E DATE OF DIDTH IA ACE (1999) IF UNDER 1 YEAR I IF UNDER 24 HRS 22 DATE PROMOLINGED DEAD	2d. HOUR
	Male White Septia 1909 State of Birth Months Days Hours Min Manth Jan. Day 28	Year 1968 3 4. M
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
caur	Maryland U.S.A. WIDOWED DIVORCED (alvest Coun	les Md.
10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b.	KIND OF BUSINESS OR
1	ST, KEONARA TELLED	ISTRY Farming
	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
0	admission) STATE Md. 13b. COUNTY Coloret St. Leonard YES NO TURAL	
14. F	FATHER'S NAME First, Middle Last IS. MOTHER'S MAIDEN NAME First , Middle	Last
	Edward (2. Wood Ralie Louise	Weems
	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, as yinknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	1
	(11 yes give war or across or service) 218-14-6672 Hilda Turner Want - St. Le	conard, Md
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Cardiac Failuss	
3	1824 DUE TO, OR AS A CONSEQUENCE OF	
153	Canditians, if any, which gove rise to immediate cause (a), (b)	
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	The state of the s
114	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
z	7824	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
IFIC	WAS PERFORMED?	YES NO
	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1	8.)
MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City or Town	ounty Stote
	WHILE AT WORK AT WORK foctory, office building, etc.)	
16	22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry ,	and in my opinion
	deoth resulted from: Naforal couses [2], Accident [2], Suicide [2], Hamicide [2], Undetermined manner [2]	
	CHIEF MEDICAL EXAMINER	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATESIGN	ED //0
	EXAMINER'S DEPUTY MEDICAL EXAMINER 1/2	8/62
	NAME (Type) H. W. Ward M. D. ADDRESS(Street, city, town, ar county) Guing	md.
230	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown)	inty) (State)
	Burnal January 301968 As pury Comotory Bars tow Cals	est, Md.
24.	FUNERAL DIRECTOR FUNERAL DIRECTOR FUNERAL DIRECTOR ADDRESS FUNERAL DIRE	ATURE
1	a. a. Harkness + Son, 18th Tepublic Mandate SAN 30 1300	

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		PARTY.		
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The state of the s				
				200
				7.75
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			CONT.	